

Appln. No.: 09/975,918
Amendment Dated: March 18, 2005
Reply to Office Action of: December 7, 2004

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MAT-8193US
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No: 09/975,918
Applicants: Keiko MORII, et al.
Filed: October 12, 2001
Title: METHOD FOR SPEECH RECOGNITION, APPARATUS
FOR THE SAME, AND VOICE CONTROLLER
TC/A.U.: 2655
Examiner: Daniel D. Abebe
Confirmation No.: 9228
Docket No.: MAT-8193US

SUPPLEMENTAL AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Further to our Amendment dated March 7, 2005, in response to the Official Action dated **December 7, 2004**, please amend the above-identified application as follows:

- ☐ **Amendments to the Specification** begin on page _____ of this paper.
- ☒ **Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.
- ☐ **Amendments to the Drawings** begin on page _____ of this paper and include an attached replacement sheet(s).
- ☐ **Amendments to the Abstract** are on page _____ of this paper. A clean version of the Abstract is on page _____ of this paper.
- ☒ **Remarks/Arguments** begin on page 11 of this paper.

PTO/SB/17 (12-04v2) (AW 1/2005)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/04.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL
For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**Complete if Known**

Application Number	09/975,918
Filing Date	October 12, 2001
First Named Inventor	Keiko Morii et al.
Examiner Name	Daniel D. Abebe
Art Unit	2656
Attorney Docket No.	MAT-8193US

TOTAL AMOUNT OF PAYMENT (\$) 150.00**METHOD OF PAYMENT** (check all that apply)☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 18-0350 Deposit Account Name: RatnerPrestia

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Small Entity	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25	
Each independent claim over 3 (including Reissues)	200	100	
Multiple dependent claims	360	180	

Total Claims	Extra Claims	Fee (\$)	Fees Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fees Paid (\$)
36	- 33 or HP =	3	x 50 =	150		
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fees Paid (\$)			
3	- 3 or HP =	0	x 200 =			
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
_____	- 100 =	_____ / 50 =	_____ (round up to a whole number) x	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fees Paid (\$)

SUBMITTED BY _____ Complete (if applicable)

Signature	Registration No. Attorney/Agent	34,515	Telephone	(610) 407-0700
Name (Print/Type)	Lawrence E. Ashery		Date	March 18, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2) (AW 1/2005)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/04. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	08/975,918
		Filing Date	October 12, 2001
		First Named Inventor	Kelko Mori et al.
		Examiner Name	Daniel D. Abebe
		Art Unit	2655
TOTAL AMOUNT OF PAYMENT (\$) 150.00		Attorney Docket No.	MAT-8193US

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 18-0350 Deposit Account Name: RatnerPrestia
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
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Design	200	100	100	50	130	65	—
Plant	200	100	300	150	160	80	—
Reissue	300	150	500	250	600	300	—
Provisional	200	100	0	0	0	0	—

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HP = highest number of total claims paid for, if greater than 20						
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)		
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HP = highest number of independent claims paid for, if greater than 3						

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
—	—	—	—	—

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)
 Other (e.g., late filing surcharge): _____

SUBMITTED BY		Complete (if applicable)	
Signature	Registration No. Attorney/Agent	Telephone	(510) 407-0700
Name (Print/Type)	Lawrence E. Ashery	Date	March 18, 2005

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PTO/SB/21 (09-04) (AW 10/2004)

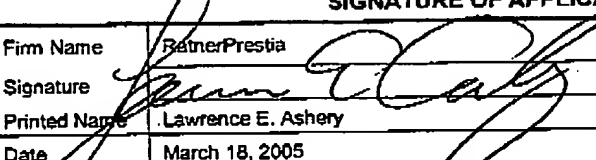
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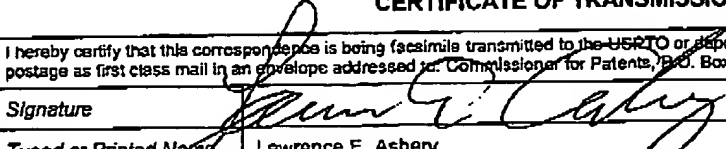
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/975,918	
	Filing Date	October 12, 2001	
	First Named Inventor	Keiko Mori et al.	
	Art Unit	2655	
	Examiner Name	Daniel D. Abebe	
Total Number of Pages in This Submission	15	Attorney Docket No.	MAT-8193US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): USPTO Credit Card Payment Form Return Postcard
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SIGNATURE OF APPLICANT, ATTORNEY OR AGENT			
Firm Name	RatnerPrestia		
Signature			
Printed Name	Lawrence E. Ashery		
Date	March 18, 2005	Registration No.	34,515

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
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Typed or Printed Name	Lawrence E. Ashery	Date	March 18, 2005

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DATE: March 18, 2005

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TO:	USPTO	FAX NO.:	703-872-9308
FROM:	Lawrence E. Ashery	ADMIN. ASST.:	D. Spratt
APPLN. NO.:	09/975,918	ATTY. DOCKET NO.:	MAT-8193US
TITLE OF APPLN.: METHOD FOR SPEECH RECOGNITION, APPARATUS FOR THE SAME, AND VOICE CONTROLLER			
FILING DATE:	October 12, 2001	ART UNIT:	2655
FIRST INVENTOR:	Keiko Morii et al.	CONF. NO.:	9228
TITLE OF DOCUMENT (and List of Attachments): Supplemental Amendment, Transmittal Form, Fee Transmittal, USPTO Credit Card Payment Form			

Total Number of Pages: 16 (including this form)**COMMENTS****CONFIDENTIAL AND PRIVILEGED ATTORNEY/CLIENT INFORMATION**

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